

IN THE UNITED STATES PATENT AND TRADEMARK OFFICERECEIVED
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APPLICANT: GEORGE LIKOUREZOS GROUP ART UNIT: 3692
 SERIAL NO.: 10/716,717 FILED: November 19, 2003
 EXAMINER: Samica L. Norman Atty. Docket No. 1004
 FOR: PREPAID INTERNET PRINTING PROTOCOL (IPP) CARD AND
 SYSTEM AND METHOD FOR PAYING FOR IPP SERVICES

Mail Stop: Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL FORM

Sir:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT	(Col. 2) HIGHEST NO. PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA	SMALL ENTITY ADDIT. RATE FEE	OTHER THAN SMALL ENTITY OR RATE ADDIT. FEE
TOTAL	9 MINUS 20	= 0	X 25 \$	X 50 \$ 0	
INDEP.	3 MINUS 3	= 0	X 100 \$	X 200 \$ 0	
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM			X 180 \$	X 360 \$ 0	
			TOTAL	OR TOTAL \$ 0	
			ADDIT. FEE	\$ -0-	

No additional fee is required.

* If the entry in Co. 1 is less than entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The Highest No. Previously Paid For (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

FACSIMILE CERTIFICATION

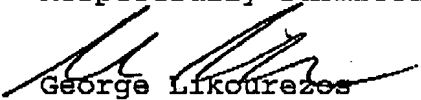
I hereby certify that this correspondence is being sent via facsimile to facsimile number 571-273-8300 of the United States Patent and Trademark Office and to the attention of Examiner Samica L. Norman at Group Art Unit 3692 on the date shown below.

Dated: 7/5/07George Likourezos

(Signature of person faxing paper)

- ☐ Please charge Deposit Account No. _____ in the amount of \$ _____. Two (2) copies of this sheet are enclosed.
- ☐ A check in the amount of \$ _____ is enclosed.
- ☐ Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. § 1.16 and/or 1.17 at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No. _____. Also, in the event any extensions of time for responding are required for the pending application(s), please treat this paper as a petition to extend the time as required and charge Deposit Account No. _____ therefor. TWO (2) COPIES OF THIS SHEET ARE ENCLOSED.

Respectfully submitted,


George Likourezos
Reg. No. 40,067
Applicant

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Send Correspondence To:
George Likourezos, Esq.
261 Washington Avenue
St. James, New York 11780
631-220-5706

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Mail Stop Amendment
P.O. Box 1450
Commissioner for Patents
Alexandria, VA 22313-1450

AMENDMENT UNDER 37 C.F.R. §1.111

Sir:

Please consider the following amendments and remarks in light of the Office

Action of the U.S. Patent and Trademark Office mailed on April 4, 2007:

The Claims are reflected in the listing of claims which begins on page 2 of this
paper.

Remarks begin on page 6 of this paper.

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(Signature of person faxing paper)